



MAR 19-07 MON 12:32 PM SALIWANCHIK LLOYD

FAX NO. 3523725800

P. 01

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Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
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21557 7590 01/18/2007

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kim M. Miller	(Depositor's name)
<i>Kim M. Miller</i>	(Signature)
March 19, 2007	(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/674,254	12/27/2000	Siamak Tabibzadeh	0152.00384	8150

TITLE OF INVENTION: DIAGNOSTIC MARKERS OF HUMAN FEMALE INFERTILITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	50	\$0	\$700	01/18/2007

EXAMINER	ART UNIT	CLASS/SUBCLASS
POTINGER, VIRGINIA AT LEN	1635	530-300000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	3. Saliwanchik, Lloyd & Saliwanchik
<input type="checkbox"/> Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1. _____
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		3. _____

## 3. ASSESSMENT NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the data entered has been 09/674,254 (condition as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment.) 03/19/2007 HDEMESS2 00000090 190085

## (A) NAME OF ASSIGNEE:

University of South Florida

## (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

01 FC:2501 700.00 DA  
Tampa, Florida 02 FC:8001 30.00 DAPlease check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are submitted:

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-00065 (enclose an extra copy of this form).

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 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date March 19, 2007

Typed or printed name Dorian R. Pace

Registration No. 38,261

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